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# TRANSMITTAL FORM

Application Number	10/690,323
Filing Date	October 21, 2003
First Named Inventor	Mei Ki Kwong
Title	Electric Toothbrush
Group Art Unit	1744
Examiner Name	
Attorney Docket Number	MCHK/140/US

## ENCLOSURES

- |  |  |
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| <input type="checkbox"/> Response to Office Action                   | <input type="checkbox"/> Preliminary Amendment                     |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input checked="" type="checkbox"/> Postcard reflecting enclosures |
| <input type="checkbox"/> Other:                                      |  |

☒ It is hereby petitioned that any required extension of time be granted for filing the amendment. An extension of \_\_\_\_\_ month(s) having a fee of \$ \_\_\_\_\_ appears required.

☐ A check in the amount of \$ \_\_\_\_\_ is attached. Please credit any overpayment to Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.

The Commissioner is hereby requested and authorized to charge Deposit Account 16-2563 of Alix, Yale & Ristas, LLP for any fee, not enclosed herewith, due for any reason in connection with the amendment or this or any other document accompanying the amendment, including (a) any filing fees under 37 CFR 1.16 for the presentation of extra claims and (b) any patent application processing fees under 37 CFR 1.17. *A duplicate copy of this sheet is attached.*

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	<u>Guy D. Yale</u>	Reg. No.	<u>29,125</u>
Signature	<u></u>		
Date	<u>August 16, 2004</u>	Attorney's Docket No.	<u>MCHK/140/US</u>

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited on the date below with the United States Postal Service as first class mail in an envelope addressed to "Mail Stop Non-Fee Amendment, Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia 22313-1450."

Typed or Printed Name	<u>Guy D. Yale</u>	Reg. No.	<u>29,125</u>
Signature	<u></u>	Date:	<u>August 16, 2004</u>



**INFORMATION  
DISCLOSURE STATEMENT**

First Named Inventor	Mei Ki Kwong
Title	Electric Toothbrush
Application No.	10/690,323
Filing Date	October 21, 2003
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Attorney Docket No.	MCHK/140/US
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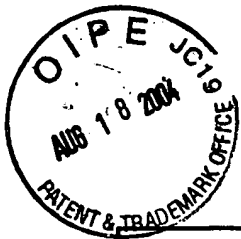
Commissioner for Patents  
United States Patent and  
Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

**INFORMATION DISCLOSURE STATEMENT**

Applicant submits herewith a listing of patents, publications or other information of which they are aware, which they believe may be material to the examination of the above-identified application and in respect of which there may be a duty to disclose in accordance with 37 CFR 1.56.

The filing of this Information Disclosure Statement shall not be construed as a representation that a search has been made (37 CFR §1.97(g)), an admission that the Information cited is, or is considered to be, material to patentability (37 CFR §1.97(h)), or that no other material information exists.



First Named Inventor	Title	Attorney Docket Number
Mei Ki Kwong	Electric Toothbrush	MCHK/140/US

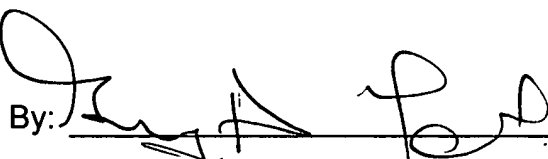
A copy of the British Patent Office Search Report for the above-identified application is enclosed.

The filing of this Information Disclosure Statement shall not be construed as an admission against interest in any manner. Notice of January 9, 1992, 1135 O.G. 13-25, at 25.

A list of each of the items is supplied herewith on the attached PTO-1449.

Respectfully Submitted,

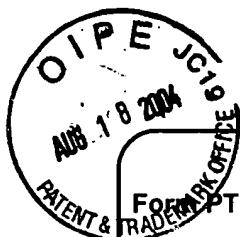
Mei Ki Kwong

By: 

Guy D. Yale  
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Alix, Yale & Ristas, LLP  
Attorney for Applicant

Date: August 16, 2004  
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Our Ref: MCHK/140/US

GDY/tlc



Form PTO-1449

**INFORMATION DISCLOSURE  
CITATION IN AN APPLICATION**

(Use several sheets if necessary)

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**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	4,225,994	10/7/80	Stoltz			
	3,978,852	9/7/76	Annoni			
	4,149,291	4/17/79	Stoltz			

**FOREIGN PATENT DOCUMENTS**

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
						YES	NO
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent Pages, Etc.)

EXAMINER INITIAL		

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the applicant.